

Case Number:	CM14-0129228		
Date Assigned:	08/18/2014	Date of Injury:	09/18/1995
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 55 year old female with complaints of low back pain and right leg pain. The date of injury is 9/18/95 and the mechanism of injury is fall injury tripping over clay material on the ground leading to her current symptoms. At the time of request for oxycodone 10mg #90, there is subjective (low back pain, right leg pain, knee pain) and objective (chronically ill appearing/cachexia, positive ascites distended abdomen, tenderness to palpation and spasm paraspinal musculature lumbar spine, scars posterior and anterior iliac spine left, decreased sensory right lower extremity medial aspect) findings, imaging findings (no reports submitted but mention in progress evaluations xray findings of L4-5-S1 hardware, L4-5 spondylolisthesis), diagnoses (lumbar spine strain with arthritis and right sciatica, spondylolisthesis L4-5, s/p lumbar fusion from 1991, s/p exploratory fusion 2002, s/p revision fusion anterior 2003) and treatment to date (medications, surgery, physical therapy, pain management). In regards to request for oxycodone, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information as well as lack of evidence of analgesic and functional improvement, therefore, the request for Oxycodone 10mg #90 is not medically necessary.